

County: Waukesha
 LINDEN GROVE - MENOMONEE FALLS
 W180 N8071 TOWN HALL ROAD

Facility ID: 5230

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MENOMONEE FALLS 53051 Phone: (262) 253-2700
 Operated from 1/1 To 12/31 Days of Operation: 365
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/01): 135
 Total Licensed Bed Capacity (12/31/01): 135
 Number of Residents on 12/31/01: 128

Ownership: Non-Profit Corporation
 Highest Level License: Skilled
 Operate in Conjunction with CBRF? No
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Average Daily Census: 125

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		50.8
Supp. Home Care-Personal Care	No					1 - 4 Years		31.3
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.8	More Than 4 Years		18.0
Day Services	No	Mental Illness (Org./Psy)	10.9	65 - 74	14.8			-----
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	31.3			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	38.3	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	14.8	Full-Time Equivalent		
Congregate Meals	No	Cancer	4.7		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	10.2		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	17.2	65 & Over	99.2	-----		
Transportation	No	Cerebrovascular	6.3		-----	RNs		11.2
Referral Service	No	Diabetes	0.8	Sex	%	LPNs		13.7
Other Services	Yes	Respiratory	5.5		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	44.5	Male	20.3	Aides, & Orderlies		
Mentally Ill	No		-----	Female	79.7			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

Level of Care	Medi care (Title 18)			Medi caid (Title 19)			Other		Pri vate Pay			Fami ly Care			Managed Care			Total Resi - dents	% Of All	
	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%			Per Di em (\$)
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	27	100.0	380	54	98.2	112	0	0.0	0	38	100.0	186	0	0.0	0	8	100.0	392	127	99.2
Intermediate	---	---	---	1	1.8	92	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	0.8
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	27	100.0		55	100.0		0	0.0		38	100.0		0	0.0		8	100.0		128	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
				% Needing Assistance of One Or Two Staff	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	%			
Private Home/No Home Health	1.4	Daily Living (ADL)	Independent			
Private Home/With Home Health	0.0	Bathing	0.0	73.4	26.6	128
Other Nursing Homes	0.9	Dressing	1.6	82.8	15.6	128
Acute Care Hospitals	95.6	Transferring	7.0	80.5	12.5	128
Psych. Hosp. -MR/DD Facilities	0.2	Toilet Use	7.0	75.0	18.0	128
Rehabilitation Hospitals	0.0	Eating	30.5	62.5	7.0	128
Other Locations	1.8	*****				
Total Number of Admissions	433	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	7.0	Receiving Respiratory Care		10.2
Private Home/No Home Health	22.9	Occ/Freq. Incontinent of Bladder	53.1	Receiving Tracheostomy Care		0.8
Private Home/With Home Health	34.6	Occ/Freq. Incontinent of Bowel	32.8	Receiving Suctioning		0.0
Other Nursing Homes	4.1			Receiving Ostomy Care		0.0
Acute Care Hospitals	11.5	Mobility		Receiving Tube Feeding		3.1
Psych. Hosp. -MR/DD Facilities	0.7	Physically Restrained	0.0	Receiving Mechanically Altered Diets		34.4
Rehabilitation Hospitals	0.2					
Other Locations	12.8	Skin Care		Other Resident Characteristics		
Deaths	13.1	With Pressure Sores	10.9	Have Advance Directives		80.5
Total Number of Discharges		With Rashes	1.6	Medications		
(Including Deaths)	436			Receiving Psychoactive Drugs		57.8

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Nonprofit Peer Group %	Ratio	Bed Size: 100-199 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	92.6	88.9	1.04	85.7	1.08	82.7	1.12	84.6	1.09
Current Residents from In-County	83.6	88.1	0.95	86.1	0.97	85.3	0.98	77.0	1.09
Admissions from In-County, Still Residing	10.6	22.9	0.46	17.5	0.61	21.2	0.50	20.8	0.51
Admissions/Average Daily Census	346.4	129.6	2.67	212.2	1.63	148.4	2.33	128.9	2.69
Discharges/Average Daily Census	348.8	133.7	2.61	210.1	1.66	150.4	2.32	130.0	2.68
Discharges To Private Residence/Average Daily Census	200.8	47.6	4.22	87.3	2.30	58.0	3.46	52.8	3.81
Residents Receiving Skilled Care	99.2	90.5	1.10	93.8	1.06	91.7	1.08	85.3	1.16
Residents Aged 65 and Older	99.2	97.0	1.02	94.0	1.06	91.6	1.08	87.5	1.13
Title 19 (Medicaid) Funded Residents	43.0	56.0	0.77	60.5	0.71	64.4	0.67	68.7	0.63
Private Pay Funded Residents	29.7	35.1	0.85	26.1	1.14	23.8	1.25	22.0	1.35
Developmentally Disabled Residents	0.0	0.5	0.00	0.9	0.00	0.9	0.00	7.6	0.00
Mentally Ill Residents	10.9	30.9	0.35	27.3	0.40	32.2	0.34	33.8	0.32
General Medical Service Residents	44.5	27.3	1.63	27.4	1.63	23.2	1.92	19.4	2.29
Impaired ADL (Mean)	53.4	50.3	1.06	51.2	1.04	51.3	1.04	49.3	1.08
Psychological Problems	57.8	52.4	1.10	52.4	1.10	50.5	1.14	51.9	1.11
Nursing Care Required (Mean)	7.6	7.1	1.08	6.7	1.14	7.2	1.06	7.3	1.04